

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Society of Pension Professionals &amp; Actuaries PAC

ADDRESS (number and street)

4245 N Fairfax Drive

Suite 750

☐Check if different  
than previously  
reported. (ACC)

Arlington

VA

22203

1637

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00333104

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☒

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

09

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Brian H. Graff, Esq.

Signature of Treasurer

Electronically Filed by Mr. Brian H. Graff, Esq.

Date

10

07

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 17

Write or Type Committee Name

American Society of Pension Professionals &amp; Actuaries PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2010</div>		<div>104007.00</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>80048.09</div>	
(c) Total Receipts (from Line 19) .....	<div>23900.00</div>	<div>86581.00</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>103948.09</div>	<div>190588.00</div>
7. Total Disbursements (from Line 31) .....	<div>16600.34</div>	<div>103240.25</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>87347.75</div>	<div>87347.75</div>
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 17

Write or Type Committee Name

American Society of Pension Professionals &amp; Actuaries PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	9	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	W	Y
0	9	3	0	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	23650.00	76600.00
(ii) Unitemized .....	250.00	8681.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23900.00	85281.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	300.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	23900.00	85581.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23900.00	86581.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23900.00	86581.00

## DETAILED SUMMARY PAGE

of Disbursements

4 / 17

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	100.34	2740.25	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	100.34	2740.25	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	100500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16600.34	103240.25	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16600.34	103240.25	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 17

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	23900.00	85581.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23900.00	85581.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	100.34	2740.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	100.34	2740.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

**A.**

Full Name (Last, First, Middle Initial)

Rebecca L Cardillo

Mailing Address 2707 W Azeele Street, Suite 200

City

Tampa

State

FL

Zip Code

33609-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Pension Services

Occupation

Pension consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.9778

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Pamela J Constantino

Mailing Address 2999 Douglas Blvd, Suite 155

City

Roseville

State

CA

Zip Code

95661-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Polycomp Administrative  
Services, Inc

Occupation

Pension consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.9783

Amount of Each Receipt this Period

250.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

James R Feutz

Mailing Address PO Box 82040

City

Tampa

State

FL

Zip Code

33682-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suncoast Pension & Benefit  
Group, Inc

Occupation

Pension consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.9798

Amount of Each Receipt this Period

2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

**A.**

Full Name (Last, First, Middle Initial)

H Earle Garvin

Mailing Address 3700 Crestwood Parkway, NW  
Suite 550

City State Zip Code  
Duluth GA 30096-5599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pension Financial Service-  
s, Inc

Occupation  
Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.9797

Amount of Each Receipt this Period

2500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Karen A Jordan

Mailing Address 400 D Street  
Suite 300

City State Zip Code  
Anchorage AK 99501-2342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Alaska Pension Services,  
Ltd

Occupation  
Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.9782

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Stephanie D Katz

Mailing Address 8639B 16 Street, Suite 109

City State Zip Code  
Silver Spring MD 20910-2273

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CETA Benefit Consulting  
Group, LLC

Occupation  
Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.9777

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

**A.**

Full Name (Last, First, Middle Initial)

Michele C Kocak

Mailing Address 3030 Pebble Beach Drive

City

Ellicott City

State

MD

Zip Code

21042-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michele C Kocak, CPC, QPA

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.9794

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

charles lax

Mailing Address 28400 Northwestern Hwy Fl 3

City

Southfield

State

MI

Zip Code

48034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maddin, Hauser, Wartell,  
Roth

Occupation

Esquire

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.9802

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Barry Max Levy

Mailing Address 7901 SW 6th Court  
Suite 110

City

Plantation

State

FL

Zip Code

33324-3248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Levy & Associates

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.9800

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

**A.**

Full Name (Last, First, Middle Initial)

Nancy Lustig

Mailing Address 8900 Indian Creek Parkway  
Suite 200

City State Zip Code  
Overland Park KS 66210-1507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Nolan Company

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.9793

Amount of Each Receipt this Period

500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Audrey McCarey

Mailing Address 444 S Adams Street, Suite 1

City State Zip Code  
Green Bay WI 54301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pension Consultants Compa-  
ny

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.9792

Amount of Each Receipt this Period

150.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Judy Miller

Mailing Address 4245 N Fairfax Dr  
Suite 750

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASPPA

Occupation  
Chief of Actuarial Issues

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.9796

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

**A.**

Full Name (Last, First, Middle Initial)

James R Nolan

Mailing Address 8900 Indian Creek Pkwy, Suite 200

City

Overland Park

State

KS

Zip Code

66210-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Nolan Company

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.9779

Amount of Each Receipt this Period

4000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Howard M Phillips

Mailing Address 60 Route 46

City

Fairfield

State

NJ

Zip Code

07004-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard M Phillips, EA

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.9788

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Kurt Piper

Mailing Address 2554 Lincoln Blvd  
PMB 105

City

Venice

State

CA

Zip Code

90291-5082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piper Pension and Profit  
Sharing

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

Transaction ID: SA11AI.9784

Amount of Each Receipt this Period

2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

**A.**

Full Name (Last, First, Middle Initial)

Kevin P Reynolds

Mailing Address 9050 Pines Blvd, Suite 310

City

Pembroke Pines

State

FL

Zip Code

33024-6455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EJ Reynolds, Inc

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.9775

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Stephen H Rosen

Mailing Address 89 N Haddon Avenue

City

Haddonfield

State

NJ

Zip Code

08033-2473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stephen H Rosen & Associa-  
tes

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.9791

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Jay Thomas Scholz

Mailing Address 6102 Broadway, Suite B-1

City

San Antonio

State

TX

Zip Code

78209-4546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scholz, Klein & Friends

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.9785

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

**A.**

Full Name (Last, First, Middle Initial)

Sarah E Simoneaux

Mailing Address 160 Lochmere Drive

City

Mandeville

State

LA

Zip Code

70471-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Actuarial Systems Corpora-  
tion

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.9787

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Jean Smith

Mailing Address 1200 Jefferson Rd., Suite 302

City

Rochester

State

NY

Zip Code

14623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northeast Benefit Services

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.9786

Amount of Each Receipt this Period

500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Christine M Stroud

Mailing Address 8952 SW 212th Terrace

City

Miami

State

FL

Zip Code

33189-3866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stroud Consulting Service-  
s, Inc

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.9776

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

**A.**

Full Name (Last, First, Middle Initial)

Nan Underhill

Mailing Address 2203 N Lois Ave, Suite M-350

City

Tampa

State

FL

Zip Code

33607-2370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retirement Plan Services,  
Inc

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.9799

Amount of Each Receipt this Period

250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mark M Wayne

Mailing Address 8031 M-15

City

Clarkston

State

MI

Zip Code

48348-4484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Freedom One Financial Gro-  
up

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.9795

Amount of Each Receipt this Period

2500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Nelson K Yeung

Mailing Address 17870 Castleton Street  
Suite 395

City

City of Industry

State

CA

Zip Code

91748-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allied Consultants, Inc

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.9780

Amount of Each Receipt this Period

500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....

23650.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.9820 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	3		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>7.95</td> </tr> </table>	7.95																			
7.95																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> SB21B.9821 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	7		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>17.70</td> </tr> </table>	17.70																			
17.70																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust Bank	<b>Transaction ID:</b> SB21B.9822 <b>Date of Disbursement</b>																				
Mailing Address Post Office Box 85024	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	0		2	0	1	0												
City Richmond State VA Zip Code 23285-5024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement	<table border="1"> <tr> <td>74.69</td> </tr> </table>	74.69																			
74.69																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**100.34**

**TOTAL** This Period (last page this line number only) .....

**100.34**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 17

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

**A.**

Full Name (Last, First, Middle Initial)

A Lot of People Who Support Jeff Bingaman

Mailing Address Post Office Box 16210

City State Zip Code  
 Albuquerque NM 87191

Purpose of Disbursement  
 Contribution

Candidate Name

011  
 Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NM District: 00

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.9803

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

BENNET FOR COLORADO

Mailing Address PO BOX 3078

City State Zip Code  
 DENVER CO 80201

Purpose of Disbursement  
 Contribution

Candidate Name

011  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.9806

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

BOBBY SCOTT FOR CONGRESS

Mailing Address P.O. Box 251

City State Zip Code  
 Newport News VA 23607

Purpose of Disbursement  
 Contribution

Candidate Name

011  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.9819

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

A.

Full Name (Last, First, Middle Initial)

FREEDOM AND SECURITY PAC

Mailing Address 228 S. Washington St., Ste. 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.9817

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address 900 19th Street, NW, 8th Floor

City Wasington State DC Zip Code 20006

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.9816

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: UT District:

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.9814

Date of Disbursement

09 / 14 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

## **A.** Full Name (Last, First, Middle Initial) **HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
 SALT LAKE CITY UT 84101

Purpose of Disbursement  
 Contribution

Candidate Name

**011**  
 Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: UT District:

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID: SB23.9815**

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 09 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

## **B.** Full Name (Last, First, Middle Initial) **Pomeroy for Congress**

Mailing Address PO Box 75214

City State Zip Code  
 Washington DC 20013

Purpose of Disbursement

Candidate Name

**011**  
 Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID: SB23.9805**

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
 09 / 13 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

**1500.00**

**TOTAL** This Period (last page this line number only) .....

**16500.00**